File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



emailed 1/4/0°CI

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Or	ganization)]		
Linebarger Goggan Blair & Sampson, LLP IMPORTANT: Indicate by # type of committee you are reporting for: 2 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue			PORM DR-2 (Rev. 07/2007) DISCLOSURE REPORT For Office Use Only Comm. #	
Office Sought	District (if Senate or House)	1 1	dited	
Late reports are subject to possible civil and criminal penalties. I	Pursuant to Iowa Code sections 68B.32A(7) X (512) (34-3850 TELEPHONE		A.401(3), the candidate, for a /// >/ 09 DATE SIGNED	
January 19, 2000				
AM FILING A January 19, 2009 REPORT FOR (1) ELECTION //2			LECTION YEAR.	
(report date)	Indicate by #			
CHECK IF AMENDMENT TO REPORT DATED	Loc	al Comm	nittees, enter Date of Election	
			ounty & Local Committees, enter County in iich Election is held	
STATEMENT OF CASH ON HAI	ND			
CASH ON HAND at the beginning of the reporting period. (committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	e cash on hand at the end	\$	0.00	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sche	edule A) (*also see in-kind below)		0.00	
Schedule F: Loans Received total (Attach Schedu	le F)		0.00	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)			0.00	
(Schedule H applies to Candidates' Cor	mmittees Only)			
	SUB-TOTAL	\$	0.00	
SUBTRACT TOTAL MONEY SPENT THIS PERIC	OD .			
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)			0.00	
Schedule F: Loan Repayments total (Attach Sched			0.00	
	dule F)			
			0.00	
CASH ON HAND at the end of this reporting period (if final re	eport balance must be zero)	\$		
CASH ON HAND at the end of this reporting period (if final re-	eport balance must be zero)	\$	0.00	
CASH ON HAND at the end of this reporting period (if final normal period) (if final normal perio	eport balance must be zero)	\$ \$	0.00	
CASH ON HAND at the end of this reporting period (if final no "UNPAID BILLS (From Schedule D - Attach Schedule D) "IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule F - Attach	eport balance must be zero)	\$ \$	0.00 0.00 0.00	
CASH ON HAND at the end of this reporting period (if final new UNPAID BILLS (From Schedule D - Attach Schedule D) **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule T - Attach	eport balance must be zero)	\$ \$	0.00 0.00 0.00 0.00	
CASH ON HAND at the end of this reporting period (if final re	eport balance must be zero)	\$ \$	0.00 0.00 0.00 0.00	